

REQUEST FOR HOUSING COSTS SUBSIDY

Phone Number:

County of
Residence:

Name of Service Recipient:

Date of Birth:

SSN:

Name of Supported Living
Provider:

Number of Service
Recipients in the
Home:

Number of Bedrooms
in the Home:

Item	Average Cost Per Month	Cost Per Year
Rent (or mortgage payment for an individual who was initially authorized on or before August 31, 2007)		\$ -
Electric power service		\$ -
Water and sewer		\$ -
Natural gas or heating fuel		\$ -
Trash disposal service		\$ -
Telephone service (one phone)		\$ -
Lawn mowing service		\$ -
PERSONAL EXPENSES		
	Amount Per Month	Amount Per Year
DMRS Personal Expense Allowance		\$ -
ALLOWABLE EXPENSES		
	Amount Per Month	Amount Per Year
ALLOWABLE EXPENSES	\$ -	\$ -

Income Source	Average Income Per Month	Income Per Year
SSI		\$ -
VA		\$ -
SSA/SSDI		\$ -
Food Stamps		\$ -
Other Unearned Income		\$ -
Earned Income Exceeding \$1200 per Calendar year		\$ -
TOTAL INCOME	\$ -	\$ -
REQUEST FOR SUBSIDY		
Attach a letter of justification if there are exceptional circumstances		
	Average Subsidy Per Month	Subsidy Per Year
Amount requested for Class Member's Housing Costs Subsidy	\$ -	\$ -
Special Exception Add-On (for recurring personal expenses)		\$ -
Special Exception Add-On (to supplement rent/lease payment)		\$ -
Total Subsidy Requested	\$ -	\$ -

NOTE: Bank Statements for the most recent 2 months must be submitted with the request for a housing costs subsidy.